



# NOTICE OF AVAILABILITY OF COMPLETED REPORTS AND INFORMATION: INVESTIGATION OF ALLEGATIONS OF CHILD ABUSE OR NEGLECT

State Form 48201 (R8 / 6-06) / CW 0024

TO: Name of parent, guardian or custodian

Address (*number and street, city, state, and ZIP code*)

## Verbal and Written Notice to Each Parent, Guardian or Custodian

The \_\_\_\_\_ local Department of Child Services office received a report alleging that your child(ren) is a victim of child abuse or neglect and is conducting an investigation of the allegations. In accordance with Indiana Code 31-33-18-4, you are advised that, regarding case number \_\_\_\_\_:

- the reports and information described under IC 31-33-18-1 relating to the child abuse or neglect investigation; and
- the juvenile court's records described under IC 31-39, if the child abuse or neglect allegations are pursued in juvenile court;

are available upon the written request of the parent, guardian, or custodian except as prohibited by federal law.

The policy of the Department of Child Services allows Child Protection Service up to \_\_\_\_\_ days from the date a report of child abuse or neglect is received to complete a written report of the investigation.

I acknowledge that I have verbally advised of the contents and provided a copy of this document to:

Name of parent, guardian, or custodian

Date copy provided (*month, day, year*)

Signature of family case manager

Printed name of family case manager

Address of local Department of Child Services office (*number and street, city, state, and ZIP code*)

Telephone number of local DCS office

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